

Unannounced Care Inspection Report

7 July 2016



Croft Lodge

Type of Service: Residential Care Home

Address: 6 Woodcroft Lane, Ballymena, BT42 1FZ

Tel No: 02825637799

Inspector: Ruth Greer

1.0 Summary

An unannounced inspection of Croft Lodge residential care home took place on 7 July 2016 from 10.30 to 13.30.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

One recommendation was stated in regard to the policy on safeguarding vulnerable adults.

Is care effective?

No requirements or recommendations were made in regard to effective care. There were examples of good practice found in relation to communication with residents, relatives and other stakeholders.

Is care compassionate?

No requirements or recommendations were made in regard to compassionate care. There were examples of good practice found in the residents' views shared with the inspector.

Is the service well led?

One recommendation was made in regard to a well led service. This was in relation to the compilation of the annual quality review report for 2015/2016.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Artie Magee, registered manager and Sharon Magee, registered provider as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent type e.g. care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered provider: Croft Lodge	Registered manager: Arthur John Magee
Person in charge of the home at the time of inspection: Artie Magee	Date manager registered: 1 April 2005
Categories of care: I - Old age not falling within any other category DE – Dementia MP - Mental disorder excluding learning disability or dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years LD - Learning Disability	Number of registered places: 5
Weekly tariffs at time of inspection: £494 in respect of four rooms and £514 for one room	Number of residents accommodated at the time of inspection: 5

3.0 Methods/processes

It should be noted that Croft Lodge residential care home is the private residence of Mr and Mrs Magee. Mr Magee is registered manager and Mrs Magee is registered provider. There is no additional permanent staff employed in the home Mr and Mrs Magee provide the care for the residents. The home is registered to accommodate 5 persons in addition to Mr and Mrs Magee. This report should be read in accordance with the special circumstances of the registered persons also residing in the registered facility.

Prior to inspection we analysed the following records: the previous inspection report, notifications of accidents/incidents and any correspondence from the home since the previous inspection.

During the inspection the inspector met with four residents, one resident's visitor the registered manager and the registered person.

The following records were examined during the inspection:

- Duty roster
- Staff training
- Accidents
- Complaints
- Five care files
- Fire safety
- Selection of policies

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated

The most recent inspection of the home was an unannounced care inspection.

4.2 Review of requirements and recommendations from the last care inspection dated

No requirements or recommendations resulted from this inspection.

4.3 Is care safe?

The registered manager confirmed that the staffing levels for the home were provided by himself and his wife. Two staff are employed on an as and when required basis. These temporary additional staff provide cover when the registered persons are out of the home. The duty rota showed that a temporary staff member is on duty approximately one or two shifts each month.

On the day of inspection the following staff were on duty –:

- Registered manager x1
- Registered person x1

Review of completed induction records and discussion with the registered manager evidenced that an induction programme was in place for the two temporary staff, relevant to their specific roles and responsibilities.

A schedule for annual staff appraisals /supervision was maintained and was available for inspection.

The registered manager confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. A review of a sample of staff competency and capability assessments were reviewed. The assessments set out the responsibilities of the person taking charge of the home and contact details for the registered manager who stated that he and his wife remained on call for advice while absent from the home.

Review of the home's recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice.

Discussion with the registered manager and review of one staff personnel file of the most recently recruited staff member confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

The adult safeguarding policies and procedures in place which were consistent with current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The home had established the safeguarding champion as the registered manager.

Discussion with Mr and Mrs Magee confirmed that they were aware of the new regional adult safeguarding guidance (Adult Safeguarding Prevention Protection in Partnership, July 2015) and a copy was available for staff within the home.

Mr and Mrs Magee were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice. The policy on safeguarding vulnerable adults was dated December 2014. This policy needs to be updated to include reference to the new regional guidance. A recommendation has been made in the quality improvement plan.

A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, review of care records and review of complaints confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The registered manager confirmed that there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose needs could not be met. Review of care records identified that an individual care needs assessment and risk assessments were obtained prior to admission of residents to the home. Care needs assessment and risk assessments for example nutrition and falls were reviewed and updated on a regular basis or as changes occurred.

A review of policy and procedure on restrictive practice/behaviours which challenge confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The registered manager confirmed that no areas of restrictive practice were employed within the home. On the day of the inspection no obvious restrictive practices were observed to be in use.

Inspection of care records confirmed that there was a system of referral to the multi-disciplinary team when required; it was noted one resident had been referred to the psycho geriatrician due to deterioration in memory. Family were fully involved with the referral.

The registered manager confirmed that there were risk management policy and procedures relating to assessment of risks in the home. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that were appropriately maintained and reviewed regularly e.g. COSHH, fire safety etc.

The registered manager confirmed that equipment and medical devices in use in the home was well maintained and regularly serviced. Observation of equipment, record of individual equipment and aids supplied maintenance /cleaning records.

Review of the infection prevention and control (IPC) policy and procedure confirmed that these were in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with Mr and Mrs Magee established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered.

Hand hygiene was a priority for the home and efforts were applied to promoting high standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and in pictorial formats.

The registered manager reported that there had been no recent outbreaks of infection. Any outbreak would be managed in accordance with trust procedures and would be reported to the local Consultant in Communicable Disease Control and to RQIA. Records would be retained.

A general inspection of the home was undertaken to examine the bedrooms and the shared the communal lounges and the dining room. The residents' bedrooms were personalised with photographs, pictures and personal items. The home smelt fresh, was clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that action plans were in place to reduce the risk where possible.

The registered manager confirmed that the home had an up to date fire risk assessment in place. A review of the fire safety risk assessment dated, October 2015, identified that no recommendations had been made. Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on 4 February 2016 and were planned for August 2016. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment; fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained.

Areas for improvement

Number of requirements	0	Number of recommendations:	1
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4.4 Is care effective?

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of five care records confirmed that these were maintained in line with the legislation and standards. They included up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care records were updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate. Discussion with Mr and Mrs Magee confirmed that a person centred approach underpinned practice. For example due to the small numbers of residents accommodated and the fact that the facility is a family home the inspector was informed that residents and their families become very familiar to the registered persons. Residents have a choice of getting up and going to bed times and an alternative is offered at each mealtime.

The care records reflected multi-professional input into the service users' health and social care needs. An individual agreement setting out the terms of residency and the agreement was appropriately signed.

The registered manager confirmed that records were stored safely and securely in line with data protection. The registered manager stated that the home is registered with the Information Commissioner's Office as required by the Data Protection Act.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, care review, accidents and incidents (including falls, outbreaks), complaints, environment, catering were available for inspection and evidenced that actions identified for improvement were incorporated into practice. As previously stated in this report the registered provider lives in the home is fully in the day to day running of the home and provides daily care for residents. The registered provider undertakes a monthly monitoring of the home in line with regulation 29.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and key stakeholders. These included pre-admission information and multi-professional team reviews. Discussion with the registered manager and registered provider staff confirmed that management operated an open door policy in regard to communication within the home. Further evidence was seen when a relative visited to take a resident out for the afternoon.

Residents and one representative spoken with and observation of practice evidenced that Mr and Mrs Magee were able to communicate effectively with residents and representatives. A review of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents

Areas for improvement

Number of requirements	0	Number of recommendations:	0
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4.5 Is care compassionate?

The registered manager confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Review of the home's policies and procedures confirmed that appropriate policies were in place. Discussion with residents and one representative confirmed that residents' spiritual and cultural needs were met within the home. Discussion with residents confirmed that action was taken to manage pain and discomfort in a timely and appropriate manner.

The registered manager and residents confirmed that consent was sought in relation to care and treatment. Residents' views and observation of interactions demonstrated that residents were treated with dignity and respect. Mr and Mrs Mage confirmed their awareness of promoting residents' independence and of maintaining dignity. Relatives are welcome to sit with residents in the communal lounge or go to the resident's own bedroom if they wish a more private visit.

Discussion with residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community.

The registered manager confirmed that residents were listened to, valued and communicated with in an appropriate manner. The residents describe the atmosphere in the home as "like a family". Discussion with residents, one representative and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by Mr and Mrs Magee.

The registered manager confirmed that residents were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. Mr and Mrs Magee are mostly always on duty and get to know families well. Families are spoken with each time they visit.

Residents confirmed that their views and opinions were taken into account in all matters affecting them. The comments within the satisfaction questionnaires returned to RQIA evidenced that compassionate care was delivered within the home.

Areas for improvement

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

The registered manager confirmed that there were management and governance systems in place to meet the needs of residents.

The health and social care needs of residents were met in accordance with the home's Statement of Purpose and the categories of care for which the home was registered.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently should changes occur.

The home had a complaints policy and procedure in place. This was in accordance with the relevant legislation and DHSSPS guidance on complaints handling. Residents and their representatives were made aware of the process of how to make a complaint by way of the Residents Guide and information on how to make a complaint was on view on the back of bedroom doors. Discussion with Mr and Mrs Magee confirmed that they were knowledgeable about how to receive and deal with complaints.

The registered manager confirmed the home had an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

A regular audit of accidents and incidents was undertaken and this was available for inspection. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

The registered manager confirmed that they were aware of the Falls Prevention Toolkit and were using this guidance to improve post falls management within the home.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction questionnaires. There was a system to ensure medical device alerts, safety bulletins; serious adverse incident alerts and staffing alerts were appropriately reviewed and, where relevant, introduced to the home.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff (including Mr and Mrs Magee) were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. For example it was noted that Mrs Magee had attended training in Dysphagia Awareness in January 2016.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA.

The annual quality review report for the period April 2014 to April 2015 was available. The registered manager is currently collating information for the report for 2015/2016. A recommendation has been made that the report is produced as soon as possible and is in line with regulation 17 (1).

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability within the overall structure. This was outlined in the home's Statement of Purpose and Residents Guide. Discussion with the registered provider identified that she had understanding of her role and responsibilities under the legislation. As previously stated in this report the registered provider and manager live in the home and are both in charge of the day to day running of the home.

The registered manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the home's certificate of registration and employers' liability insurance certificate were displayed.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider responded to regulatory matters in a timely manner. Review of records and discussion with the registered manager confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place.

The registered manager confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place dated April 2015. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Areas for improvement

One area was identified for improvement. This was in relation to the compilation of an annual quality review report.

Number of requirements	0	Number of recommendations:	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr and Mrs Magee registered manager and registered provider as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises, RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSPPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to Care.Team@rqia.org.uk by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

Recommendation 1

Ref: Standard 21.5

Stated: First time

To be completed by:
30 July 2016

The registered provider should update the policy on safeguarding vulnerable adults to reflect the new regional guidance.

Response by registered provider detailing the actions taken:

Policy has been updated and a copy of the new regional guidance has been obtained

Recommendation 2

Ref: Standard 20.12

Stated: First time

To be completed by:
30 July 2016

The registered provider should compile all information already gathered into an annual quality review report.

Response by registered provider detailing the actions taken:

Annual quality review report is now complete and available in the Home

Please ensure this document is completed in full and returned to Care.Team@rqia.org.uk from the authorised email address



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